



AMENDMENT UNDER 37 C.F.R. § 1.111
Examining Group 1625
Patent Application
Docket No. TPIP039
Serial No. 10/820,382

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Celia C. Chang
Art Unit : 1625
Applicants : Matthew Peterson, Mark Oliveira
Serial No. : 10/820,382
Filed : April 8, 2004
Confirm. No. : 8458
For : Gabapentin Compositions

Fee processed

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. §1.111

A Petition and fee for a one-month Extension of Time through and including August 28, 2005, accompanies this Amendment.

In response to the Office Action dated April 28, 2005, please amend the above-identified application as follows:

CERTIFICATE OF MAILING BY EXPRESS MAIL

I hereby certify that under 37 CFR §1.10 that this correspondence is being deposited on August 23, 2005 with the United States Postal Service as Express Mail Post Office to Addressee with sufficient postage in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Kristin Miele
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compounds and compositions with any reasonable expectation of success. Accordingly, reconsideration and withdrawal of the rejection under 35 U.S.C. §103(a) is respectfully requested.

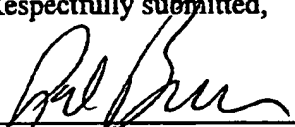
In view of the foregoing remarks and amendments to the claims, the applicants believe that the currently pending claims are in condition for allowance, and such action is respectfully requested.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16 or 1.17 as required by this paper to Deposit Account 50-2626.

The applicants invite the Examiner to call the undersigned if clarification is needed on any of this response, or if the Examiner believes a telephonic interview would expedite the prosecution of the subject application to completion.

Respectfully submitted,

August 23, 2005
Transform Pharmaceuticals, Inc.
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Lexington, MA 02421
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By: 
Paul Burgess, Patent Agent
Reg. No. 53,852

Attachment: Davies publication (*The Pharmaceutical Journal*, 2001, 266:322-323)

United States Patent and Trademark Office
- Sales Receipt -

09/09/2005 CBETANCO 00000003 502626 10820382

01 FC:2201	400.00 DA
02 FC:2202	475.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10 820382

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	21	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20 =	1
INDEPENDENT CLAIMS	7 minus 3 =	4
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

8-23-05 (Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	40			21	19
Independent	11			7	4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	9
X43=	172
+145=	
TOTAL	566

RATE	FEE
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
25 XS 9=	475.00
100.00 X43=	400.00
+145=	
TOTAL	875.00

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

ADDITIONAL FEE

ADDITIONAL FEE

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total					
Independent					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

ADDITIONAL FEE

ADDITIONAL FEE

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total					
Independent					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

ADDITIONAL FEE

ADDITIONAL FEE

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.